



MITCHELL E. DANIELS, Jr., Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

*Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980*

APPLICATION FOR EMS TRAINING INSTITUTION

TYPE

____ Initial
____ Renewal

LEVEL

____ Basic
____ Advanced
(EMT-I, EMT-P)

Date of application
(MM-DD-YYYY)

Date of expiration
(MM-DD-YYYY)

Certification Number

County

Name of training institution

Business telephone number

Address of training institution (number and street, city, state, zip code)

Name of training institution official

Title

Name of person preparing application

Title

Signature of training institution official

Signature of person preparing application

ALS AND BLS TRAINING INSTITUTION

- A. Submit agreement(s) of affiliation with clinical and internship facilities.
- B. Provide evidence of effective ratio of supervisory personnel to students during clinical phases of the program.
- C. Provide evidence that you have liability insurance for all students.
- D. Submit curriculum requirements for each level of course you plan to teach.
- E. Describe how you provide adult education techniques to all affiliated instructors.
- F. Describe your procedures to evaluate all affiliated instructors.
- G. Describe the type of EMS courses conducted.
- H. Submit a signed copy of the medical director approval form, listing your affiliated instructors.
- I. Describe the in-course standards and criteria by which the instructor is to determine successful completion of the didactic and clinical portions of the course. Include the following:
 - 1. Attendance requirements and absentee policies
 - 2. Testing procedures
 - 3. Number and scope of in-course tests
 - 4. Didactic pass/fail grade average and criteria
 - 5. Provision for make-up test and classes
 - 6. Minimal age for enrollment
 - 7. Policies for providing reasonable accommodations pursuant to the Americans with Disabilities Act
 - 8. Describe your screening and evaluation process for acceptance into any certified training program

ADDITIONAL ALS TRAINING INSTITUTION Intermediate and Paramedic

- A. Submit verification of student access to emergency patients for clinical phases of the course(s).
- B. Submit written approval from administration and medical staff.
- C. Describe your orientation to hospital personnel who will be directly involved in training or operation aspects of ALS.
- D. Name and list qualification of your:
 - 1. Medical Director
 - 2. Program Coordinator
 - 3. Instructional staff (include Perceptors)